

ULSTER COUNTY PERSONNEL DEPARTMENT

County Office Building, 244 Fair Street, PO Box 1800, Kingston, New York 12402-1800

AUTHORIZATION OF DISABILITY RECORD

1. TO BE COMPLETED BY DISABLED VETERAN

Complete two copies on typewriter, or print in ink. Then send both copies to Office of Veterans Administration where your disability claim is on file.

To Manager, Veterans Administration _____, NY

I hereby authorize you to furnish the Ulster County Personnel Department with the data requested in Section 2, below, pertaining to my disability status. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Veteran's Signature _____ Date _____

PRINT FULL NAME	VA CLAIM NO.	SERVICE SERIAL NO.
SOCIAL SECURITY NUMBER	NO. AND TITLE OF EXAMINATION FOR WHICH CREDIT IS CLAIMED	
ADDRESS		

2. TO BE COMPLETED BY VETERANS ADMINISTRATION

Please return original to the Ulster County Personnel Department

DATE	CLAIM NO.	REGIONAL V.A. OFFICE
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a.	Does the above-named veteran now have a war incurred disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" please enter date disability was sustained _____, _____
b.	Is this veteran receiving disability payments from the V.A. for such disability? <input type="checkbox"/> YES <input type="checkbox"/> NO
c.	State percentage of such disability now in existence. ____ %
d.	Describe the disability.
e.	Date of Last medical examination by the V.A. Medical Officer in connection with such disability. (IF LESS THAN ONE YEAR AGO, DO NOT ANSWER 'f' AND 'g') _____, 20_____
f.	Does the V.A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, even though claimant has not been examined by V.A. Medical Officer within one year? <input type="checkbox"/> YES <input type="checkbox"/> NO
g.	Date of next scheduled examination by the V.A. _____, 20_____
h.	Remarks

Signature of Adjudication Officer: _____